



Texas Department of Criminal Justice

Rcvd @ JA

MAR 11 2022

STEP 1

OFFENDER
GRIEVANCE FORM

McCoy, Wesley

Offender Name: Wesley McCoy TDCJ # 1687741Unit: Michaels Housing Assignment: 12 A-35Unit where incident occurred: Michaels Unit Mental Health12D 30 program 2014 FM 2014 Tenn. Cdong, TX

OFFICE USE ONLY

Grievance #: 2022056097Date Received: JAN 25 2022Date Due: 3 / 1 / 22Grievance Code: 1616Investigator ID #: 2792

Extension Date: _____

Date Retd to Offender: MAR 03 2022

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Mental Health Counselor Jason Lively When? January 25, 2022

What was their response? I will have you out Monday

What action was taken? I told him about my civil unrest punishment environment.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On January 21, 2022 on Michaels Unit 12 building A pod 35 cell. I talked to my Mental Health Counselor Jason Lively MHC About all the human health hazards plus neglecting me from C-M-F as long as program done. Civil Unrest punishment, short of staff not getting Enure Mental Health providers neither. I showed Mr. Lively a bag of dead mooses. 5 dead mooses I have caught and killed. They keep coming into my cell. so I killed the mooses. One put them in a plastic bag. This is all mental health offenders living in 12 Building, C-M-F -ad-seg all mental health. It's been this way since 2018 - till 2022. I showed him the dead mooses. There's a million of them living in a mental health offenders building. I have been sick already from these mooses!! It's not (COVID) they blame everything on the COVID. Medical, nurses, doctors, Dental all deny my requesting. These mooses all the correctional officers are for violating. I am sick now!! (H mooses, my allergies is bad, I have asthma bad, harsh coughs, my body breaks out bad around my nose and shoulders!! I am in a unhealthy very HAZARDOUS environment. I have all evidents of denying all my mental health providers. With in Medical and mental health. Since I have asthma real bad. If a fire start germs spreads, I will suffer bad

bad from it. because for 1. There's no circulation vents. All Unit Suppose to have them. I went for air, and I went for sucking germs smoke, dust. This whole building doesn't has it. There's mold in all these cells. Everything is blamed on Covid today!!

Action Requested to resolve your Complaint.

I need my allergy meds renewed! Nasal spray, and my Allergy pills! ~~Wesley McCoy~~ Unit transfore too

Offender Signature: Wesley McCoy

Date: January 21, 2022

Grievance Response:

You were scheduled for individual therapy pending security and clinical staffing availability. Security escorts were not available during the time of scheduled appointment. MHPM was in agreeance.

Signature Authority:

Pam Pore, Practice Manager Pam Pore

Date: 3/1/22

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Wesley McCoy TDCJ # 168774
 Unit: Michael Housing Assignment: 12-A-35
 Unit where incident occurred: Michael Unit 12-A-35 2664
FM 2054 Tenn Colony TX 75886

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Mental health program director Stebbins David When? Dec. 21 - January 13, 2022

What was their response? Short of staff, they all working on it

What action was taken? Short of staff, Mental Health offenders on lockdown 24/7

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Our mental health director Stebbins, and supervisor over the program, Semler Sanders. Warden Marshall, Warden Michael's ~~mother~~ mother, the Security Sergeant Biscoe, Joseph Assistant warden, Marshall, LA-MORRIS. From December 2021, to January 13, 2022, 12 building on Michael's Unit Mental health offenders and housing program has not been making no moves they are so short of staff but say lockdown cause of covid. Not really can't be!! The following staff's names above has been in general population enjoying with general population, offenders doing chess tournaments, and basketball tournaments also playing T.V. recreation. Doing 2022 month of December 2021-2022 of January Mental health offenders in 12 building doesn't has no same quality fun activities. But the diversion program has promised Mental health offenders lots of accomplish goals fun activities. But now, we don't get mail shoes bags from home! At all! No check ups, we'll have to write several I-60 to see anyone. They laugh at all of mental health and I. There's no hiding what they are doing to us!! I am every one that has finish the program. Stuck in between the violations that mental health department does and under Wardens supervision. We can't get pictures, they don't take 12 building the mental health on progress, or progress in the News paper, or Eco, to them we are no body. Favoritism, neglecting, discriminating, manipulating, abusing resources, injustice. JAN 20 2022

JAN 20 2022

Action Requested to resolve your Complaint.

I will like a copy of this following grievance
on to some footage of Today's movements activities from camera

Offender Signature:

Wesley McCoy

Date:

January 13 2022

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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- ☐ 8. The issue presented is not grievable.
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- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature:

T. Vassilico *Vassilico*

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

OFFICE USE ONLY

Initial Submission

UGI Initials: *TV*

Grievance #: *2022054302*

Screening Criteria Used: *599 #2*

Date Recd from Offender: *JAN 20 2022*

Date Returned to Offender: *JAN 20 2022*

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Wesley McCoy TDCJ # 1687741
 Unit: Michael Housing Assignment: 12-A-35
 Unit where incident occurred: Michael Unit 12-A-35
21664F M 2054 Tem Colony, TX 75886

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 to Warden Lonnie E. Townsend IV When? January 1st 2022

What was their response? I never gotten that I-60 back

What action was taken? Theres still rats, and mouses running living in 12 building.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I wrote Warden Lonnie E. Townsend IV on I-60 January 1st 2022
About all these rats and mouses living thru out Michael's Unit 12 Building
Mental health and C.M.F. Housing where offenders lives
at. They eat all the commissary, eat off our food trays.
Theres a whole in every day room Under the toilet
a big hole. Theres over a thousands rats, and baby mouses
everyday comes and going. That's hazard diseases. That
mental health offenders living around! They have these
so call traps. Theres no getting rid of these RATS, mouses
babies Rats chewing thro walls, steal urine, and feces!
That's not legal sanitize living quarters. Everyone coughing
sneezing, and sick here and there. It's not just covid.
A living Environmet as this doesnt make things better! I
and other mental health offenders inside 12 Building from
2018-2022 has complain about the following briefing!
People waking up with mouses on their bunks, I have mouse bites
on my shoulder now. But they wont pull me out for medical!
They have for years tried to get rid of the RATS, mouses, they
are having babies everyday. It's too out of hand to stop
these rodents. They live over the Unit, outside, on the Rec
yard. It's not legal specially the Chow hall/ Kitchen

JAN 18 2022

JAN 18 2022

Action Requested to resolve your Complaint.

Any place safer than Michaels Unit and be transfer to. Also save today from camera, from today to 8/1/22

Offender Signature: Wesley M. Coy Date: January 16 2022

Grievance Response:

Signature Authority: _____

Date: _____

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- ☐ 6. No requested relief is stated. *
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- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: M. Price
Investigator III *M. Price*

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: JP

Grievance #: 2022052916

Screening Criteria Used: #2 509

Date Recd from Offender: JAN 18 2022

Date Returned to Offender: JAN 18 2022

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

Appendix F



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: 599Investigator ID #: 2792

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Wesley McCoy TDCJ # 1687741
 Unit: Michael Housing Assignment: 12-A-35
 Unit where incident occurred: Michael Unit 12-A-35
2664 FM 2054 Tenn Colony 75550

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? This correctional officer ^{not on} When? January 15 2022 ^{6:00}

What was their response? We mental health offenders on 12 building Covid lockdown.

What action was taken? They gave us a shower, put us in the cell 24/7

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

These officers not wearing a name tag. So I say on January 15, 2022, I never gave showers. Then put us back into the cell. As usually we stayed in the cell all day never been back out the cell. Mental health diversion program on Michael Unit 12 building program director, Stebbins and supervisor on the program. Senders. They let this Unit treat us for cruel unusual punishment, verbally abuse, no name tags at all only a few!!! They are saying Covid lockdown. There were a lot of general population inmates. Coming to 12 building. To help feed cold trays or cold less johnnies or clean up, or just walking around. The Chaplain inmates comes around. general population inmates have Chess, basket ball tournaments, 12 building mental health offenders as usual are being violated our rights, all abuse. I write up every day. We have had food/johnnie sacks cold food. That causes food poisoning. They cannot say what they are doing is not cruel. Everyday the staff verbally abuse the mental health offenders. Walk around the pod, start, and if we complain! They all willing to laugh. And never have to get discipline of what they have been violating against all mental health offenders. JAN 20 2022

Action Requested to resolve your Complaint.

I need a outside representative legal for mental health offenders, and a Unit Transfer
Offender Signature: Wesley McCoy Date: January 15, 2022
Grievance Response:

Signature Authority: _____ Date: _____
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (1-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

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☐ 10. Illegible/Incomprehensible. *
☐ 11. Inappropriate. *

UGI Printed Name/Signature: T. Vassilico Vassilico

UGI II
Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: TV
Grievance #: 2022059304
Screening Criteria Used: 599 #2
Date Recd from Offender: JAN 20 2022
Date Returned to Offender: JAN 20 2022
2nd Submission UGI Initials: _____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender: _____
3rd Submission UGI Initials: _____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender: _____